

Record Number:

UPDATE TO RISK ASSESSMENT

Updated by (signature):	Date:
Input Obtained From:	
<input type="checkbox"/> Updated with changes to question number(s): <input type="checkbox"/> Updated with no changes	
Notes:	

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<input type="checkbox"/> Updated with changes to question number(s): <input type="checkbox"/> Updated with no changes	
Notes:	

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Input Obtained From:	
<input type="checkbox"/> Updated with changes to question number(s): <input type="checkbox"/> Updated with no changes	
Notes:	

RISK ASSESSMENT

Completed by (Signature and Title):
Input Obtained From:

Date Completed:

This assessment tool is designed to do two things

- Identify significant risks to be addressed in this person's ISP regarding their health; their safety; their financial security; and the safety of those around them. Significant risks are those that would bring great harm to the person if supports are not in place.
- Inform support providers as to what support strategies are required to be in place in regards to each risk identified.

Instructions

- 1) This assessment should be completed within 45 calendar days prior to this person's first ISP meeting. It must be reviewed/updated annually before the Annual ISP Meeting and whenever new risks are identified or there are significant changes in the person's life.
- 2) There are three sections of questions: Behavioral, Safety/Financial, and Health/Medical.
- 3) Any response of yes indicates that this person either is or may be at risk, in which case the instructions given must be followed. These instructions include a team discussion to determine if there is any risk AND, if so, to determine if a written support is necessary. Record the points of discussion, describing the issue and the rationale for the decision in the note section for that question. For some items, there are additional instructions.
- 4) If team discussion indicates that risk does exist and support/intervention is needed, add risk to ISP and ensure that the appropriate written support document is developed.
- 5) Summarize on page 15 of the Risk Assessment the risks identified and associated written supports that need to be developed.

Updates to Risk Assessment

- 1) At a minimum, the Risk Assessment must be reviewed and updated within 45 calendar days prior to this person's ISP meeting each year. The *Update to Risk Assessment* form must be completed, with Support Coordinator signature, the date, and whether there were changes. In addition to documenting that the assessment has been reviewed, this form assists the reader in knowing which questions, if any, have had changes since the initial Risk Assessment was completed. The *Update to Risk Assessment* form should be filed on top of the Risk Assessment in the record.
- 2) Changes (additional or new information) can be written directly on the original page of the Risk Assessment OR on a copy of the original page with this revised page replacing the existing one in the medical record (i.e. If Page 3 is updated, remove the original page 3 from the medical record and place the revised page 3 in the medical record).

Evaluation

BEHAVIOR

This section of questions (1-15) relate to risks that may be present to this person as a result of their behavior or the status of their mental health. As you answer these next questions, be sure to include input from people who will be best able to answer these questions.

Dangerous Behavior

Does this person			
1	Engage in aggressive behavior that results in the need for medical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Engage in self-injurious behavior that results in the need for medical attention (not including pica behavior)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Engage in property destruction that could result in injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	attempt to or leave (or has left or attempted to leave) supervised settings and is unsafe to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Engage or has engaged in pica?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Engage or has engaged in illegal behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Engage in unsafe social behavior (including unprotected sex)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Engages or has engaged in behavior that is harmful to animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Use weapons or objects to injure/attempt to injure themselves or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Engage or has engaged in the unsafe use of flammable materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Use and/or abuse (or has used and/or abused) illegal drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Receive medication prescribed for a mental health or psychiatric condition that has been diagnosed by a licensed medical professional (psychotropic medications) and engages in dangerous behaviors that are related to the condition without the medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Have or has had an important serious behavior issue not addressed above? Describe Issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to all → Go to question 14.

If yes to one or more → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a Behavior Support Plan is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 14.

☐ Risk does exist and intervention is needed → Add risk of *Dangerous Behavior* to ISP.

Ensure completion of Behavior Support Plan. Go to question 14.

Notes:

Suicide

Does this person			
14	Have a history of suicidal ideation, suicidal attempts, gestures or threats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If no → Go to question 15.</p> <p>If yes → follow the instructions below.</p> <p>Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.</p> <p><input type="checkbox"/> Risk does not exist → Go to question 15.</p> <p><input type="checkbox"/> Risk does exist and intervention is needed → Add risk of <i>Suicide</i> to ISP. Ensure completion of Provider Agency Protocol. Complete instruction below.</p> <p><input type="checkbox"/> Review existing evaluation by a qualified professional and follow their recommendations OR obtain an evaluation from a qualified professional to determine the current risk and then follow their recommendations. Go to question 15.</p>			
Notes:			

Homicide

Does this person			
15	Have a history of homicidal ideation, gestures or threats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If no → Go to question 16.</p> <p>If yes → follow the instructions below.</p> <p>Have ISP team discussion to determine if there is any risk AND, if so, determine if a Written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.</p> <p><input type="checkbox"/> Risk does not exist → Go to question 16.</p> <p><input type="checkbox"/> Risk does exist and intervention is needed → Add risk of Homicide to ISP. Ensure completion of Provider Agency Protocol. Go to question 16.</p>			
Notes:			

SAFETY / FINANCIAL

This next set of questions (16-24) relate to the person's safety and to their finances. You will need to have people who are familiar with these issues available as you answer these questions.

Unsupervised Time

16	Has this person been assessed as requiring any level of supervision to remain safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes → go to question 17. If no → go to question 19.			
Does this person			
17	Remain at home without support for any length of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Go away from home without support for any length of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no to both → Go to question 19. If yes to one or both → follow the instructions below. Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision. <input type="checkbox"/> Risk does not exist → Go to question 19. <input type="checkbox"/> Risk does exist and intervention is needed → Add risk of <i>Safety Issues</i> to ISP. Ensure completion Provider Agency Protocol. Protocol should include guidelines for how long this person can be without support and describe procedures to follow when that time has surpassed (away from home). Go to question 19.			
Notes:			

Safety in Home

Does this person			
19	Need any assistance to adjust water temperature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Need any assistance to evacuate when a fire or smoke alarm sounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Need any assistance to remain safe around household chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Have a risk of physical or sexual abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Have an important, serious safety issue not addressed above? Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to all → Go to question 24 If yes to one or more→ follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 24.

☐ Risk does exist and intervention is needed → Add risk of *Safety Issues* to ISP. Ensure completion of Provider Agency Protocol that describes safety supports associated with needed assistance (i.e. water temperature to prevent scalding, fire evacuation/response procedures, use and storage of chemicals). Go to question 24.

Notes:

Finances

Does this person			
24	Need any assistance to manage money/finances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no → Go to question 25. If yes → follow the instructions below. Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision. <input type="checkbox"/> Risk does not exist → Go to question 25. <input type="checkbox"/> Risk does exist and intervention is needed → Add risk of <i>Financial Exploitation</i> to ISP. Ensure completion of Provider Agency Protocol. Go to question 25.			
Notes:			

HEALTH / MEDICAL

This section of questions (25-44) will look at risks to this person's health. When answering the following, make sure that there are people available who are familiar with this person's health issues. You may also need to refer to written information (i.e. medical records) to answer with the greatest accuracy.

Seizures

Has this person			
25	Been diagnosed with seizures or epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Had a seizure in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27	Had a change in seizure medication (type/dosage) in the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to all → Go to question 28.

If yes to one or more → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 28.

☐ Risk does exist and intervention is needed → Add risk of *Seizures* to ISP. Ensure completion of Provider Agency Protocol. Go to question 28.

Notes:

Diabetes

Has this person			
28	been diagnosed with diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no → Go to question 29.

If yes → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 29.

☐ Risk does exist and intervention is needed → Add risk of *Diabetes* to ISP. Ensure completion of Provider Agency Protocol. Go to question 29.

Notes:

Aspiration and Dehydration:

29	Does somebody else put food or fluid into this person's mouth (i.e. does somebody else feed this person?) If No → Go to question 35. If Yes → Go to question 30.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this person			
30	cough or choke while eating or drinking? (Do not include a rare cough or choke, such as one a year ago)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	lose food or fluid from mouth? (Include anyone who regularly drools.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

32	regularly refuse food? (Do not answer yes if this person does not eat at some meals but eats well at other meals or if they dislike a particular food. Do answer yes if they won't eat for certain staff or they don't like certain textures.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33	have chronic chest congestion, frequent pneumonia, rattling when breathing, persistent cough, or does this person chronically use cough/asthma medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34	regularly refuse liquids? (Do not answer yes if this person does not drink at certain times but drinks well at other times or if they dislike a particular drink. Do answer yes if they won't drink for certain staff or they like drinks that are only thick or only thin.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to all → Go to question 35.

If yes to one or more → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 35.

☐ Risk does exist and intervention is needed → Add risk of *Aspiration and Dehydration* to ISP. Ensure completion of Provider Agency Protocol to outline supports needed to decrease Risk. Go to question 35. Note that step below needs to be taken.

If a risk of Aspiration and Dehydration is identified, must get or have had an evaluation of oral motor skills. This could be done by an Occupational Therapist or Speech/Language Pathologist and might involve a swallowing evaluation.

- Once evaluation is obtained, is dysphagia present?

☐ Yes → review protocols for possible changes in orders

☐ No → protocols may be discontinued and the risks removed from the plan.

Notes:

Dehydration

Does this person			
35	Need, or routinely use, assistance to get something to drink or to receive fluids? (Do not check if they will get their own drink when no one else is around.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no → Go to question 36.

If yes → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 36.

☐ Risk does exist and intervention is needed → Add risk of *Dehydration* to ISP.

Ensure completion of Provider Agency Protocol. Go to question 36.

Notes:

Aspiration

Does this person			
36	have a diagnosis of gastro esophageal reflux disease (GERD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37	complain of chest pain/heartburn or have small, frequent vomiting (especially after meals), or have unusual burping (burping that is very frequent or wet)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to both → Go to question 38.

If yes to one or both → follow the instructions below.

Must get or have evaluation for GERD and for risk of aspiration. An evaluation of the risk of aspiration may entail just asking the doctor.

☐ Risk does not exist → Go to question 38.

☐ Risk does exist and intervention is needed → Add risk of Aspiration ISP.

Ensure completion of Provider Agency Protocol that describes associated supports. Go to question 38.

Notes:

Choking

Does this person			
38	Eat or drink too rapidly or stuff food into their mouth that may cause choking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no → Go to question 39.

If yes → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 39.

☐ Risk does exist and intervention is needed → Add risk of *Dehydration* to ISP.

Ensure completion of Provider Agency Protocol that describes associated supports. Go to question 39.

Notes:

Extreme Food Seeking / Liquid Seeking

39	Does this person have extreme food seeking or liquid seeking behaviors that may cause injury to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If no → Go to question 40.</p> <p>If yes → follow the instructions below.</p> <p>Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.</p> <p><input type="checkbox"/> Risk does not exist → Go to question 40.</p> <p><input type="checkbox"/> Risk does exist and intervention is needed → Add risk of <i>Injury from food seeking</i> or <i>Injury from liquid seeking</i> to ISP. Ensure completion of Provider Agency Protocol that describes associated health supports. Go to question 40.</p>			
Notes:			

Constipation

Does this person			
40	routinely takes bowel medications (not including fiber)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	required a suppository or enema for constipation within the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42	have trouble moving their bowels, complain of pain with bowel movements, or have bowel movements that are hard and small (or has had any of these in the past year)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to all → Go to question 43.

If yes to one or more → follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → Go to question 43.

☐ Risk does exist and intervention is needed → Add risk of *Constipation* to ISP. Ensure completion of Provider Agency Protocol that describes associated health supports. Go to question 43.

Notes:

Ostomy and/or Tube:

Does this person			
43	Have an ostomy or tube (g-tube, catheter, colostomy, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If no → Go to question 44.</p> <p>If yes → follow the instructions below.</p> <p>Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.</p> <p><input type="checkbox"/> Risk does not exist → Go to question 44.</p> <p><input type="checkbox"/> Risk does exist and intervention is needed → Add risk of <i>Ostomy</i> and/or <i>Tube</i> (record the type) to ISP. Ensure completion of Provider Agency Protocol that describes associated \ health supports. Go to question 44.</p>			
Notes:			

Other Health Issues (e.g. life threatening allergy, sleep apnea, requires supplemental oxygen):

Does this person			
44	Have an important, serious health issue not addressed above (This should be a health issue that could cause a hospitalization or could be life threatening.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no → Go to question 24. This section is complete. Be sure to complete the Risk Summary on page 12.

If yes → Follow the instructions below.

Have ISP team discussion to determine if there is any risk AND, if so, determine if a written Protocol is necessary. Record the points of discussion, describing the issue and the rationale for the decision.

☐ Risk does not exist → This section is complete. Be sure to complete the Risk Summary on page 12.

☐ Risk does exist and intervention is needed → Add risk of _____ (record the type of risk) to ISP. Ensure completion of Provider Agency Protocol that describes associated health supports. This section is complete. Be sure to complete the Risk Summary on page 12.

Notes:

RISK SUMMARY

Check below the risks and associated written support documents identified for this person.

Risks	Written Support Documents
<input type="checkbox"/> Dangerous Behavior →	Behavior Support Plan to address behavioral risk(s)
<input type="checkbox"/> Suicide →	Provider Agency Protocol to address behavioral risk(s)
<input type="checkbox"/> Homicide →	
<input type="checkbox"/> Safety Issues →	Provider Agency Protocol to address safety/financial risk(s)
<input type="checkbox"/> Financial Exploitation →	
<input type="checkbox"/> Seizures →	
<input type="checkbox"/> Diabetes →	
<input type="checkbox"/> Dehydration →	Provider Agency Protocol to address health/medical risk(s)
<input type="checkbox"/> Aspiration →	
<input type="checkbox"/> Choking →	
<input type="checkbox"/> Extreme Food Seeking / Liquid Seeking →	
<input type="checkbox"/> Constipation →	

<input type="checkbox"/> Ostomy →	
<input type="checkbox"/> Tube →	
<input type="checkbox"/> Other → Explain: <hr/>	

Risk Assessment Glossary

Aggression	Any action which is intended to inflict harm or injury upon another person such as striking them with an open hand or closed fist, kicking, biting, pulling hair, choking, pinching, or using an object as a weapon.
Aspiration	When food and/or liquids get into the breathing tubes and lungs. Large amounts cause a person to choke. Aspiration of even tiny amounts causes pneumonia and may cause death.
Behavior intervention	a procedure involving the manipulation (or modification/changing) of environmental events or conditions in order to cause a change in behavior.
Behavior Support Plan	A written document that describes the environmental changes, instruction and other intervention procedures that support providers will implement in order to create an effective support environment that promotes appropriate behavior and decreases problem behavior
Chronic chest congestion	Chest congestion is present most days for the past 4 months
Chronic use of medication	When medication is used in more than 2 of the past 3 months, or in more than 5 of the past 12 months.
Current evaluation	An evaluation is current if 1) the ISP team knows what the condition of the person was when the evaluation took place, AND 2) the condition of the person has not significantly changed since the evaluation. If questions remain, ask the person's primary doctor if the evaluation is current
Dangerous behavior	Any hazardous action or event that places the person at risk of being injured or victimized either by another person or by his or her own actions.
Dysphagia	The person does not have control over the muscles in their mouth and throat to safely move food and/or liquids of all textures from their lips to their stomach. This will result in food and/or liquids getting into the breathing tubes and lungs.
Environmental manipulation	The modification or changing of features or conditions of the environment.
Exploitation	An unjust or improper use of another person for one's own benefit or profit
Extreme food seeking	The person will, without proper supports, seek, grab, or stuff food in a manner that could cause harm to them. For example, for a person without teeth, it may mean that they will grab food that they cannot safely chew. For someone with Prader Willi syndrome, it may mean that they will get food from the garbage or the street.
Extreme liquid seeking	The person will, without proper supports, seek or take liquids that may cause harm to them. For example, a person may like coffee so much that without proper support, the person would grab the entire pot of coffee and try to drink from the pot, burning them self. Another person may need supervision because they are known to drink gallons of water directly from the faucet at a time.
Flammable materials	Any substance that is capable of being easily ignited and of burning quickly.
Functional assessment	A process for identifying the relationships between events in the environment and problem behaviors.
Gastro-esophageal reflux (GER)	When the stomach contents do not remain in the stomach but return to the esophagus, the mouth or the lungs.
History	includes all events in the person's past related to the question asked. This includes recent (immediate) past, as well as distant past.
Illegal	Any behavior that violates federal, state or community laws.
Isolation time	The removal of a person for a period of 30 minutes or more to a separate room from which

out	the exit is barred by staff, but not locked, and where there is continuous supervision by staff, for the purpose of modifying the person's behavior.
Ostomy/Tube	Any opening into the body created by surgery is an ostomy. It can be a tracheostomy to help someone to breathe; a gastrostomy to assist with eating; a colostomy to assist with bowel movements; and an uretostomy to assist with urine, among others. The tube is the device placed in an ostomy or other opening in the body to assist with any of the above. This may include a g tube, a urinary catheter and a tube passed through the nose or mouth to the stomach (an NG tube), among others.
Physical restraint	Application or use of any manual method of restraint that restricts freedom of movement or the application or use of any physical or mechanical devices that restricts freedom of movement or normal access to one's body, including material or equipment attached to or adjacent to the person's body that they cannot easily remove. Holding a person in a therapeutic hold or other manner that restricts his or her movement constitutes manual physical restraint for that person. Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints, posey mittens and helmets. Excluded from this definition of physical restraint are physical guidance, gentle physical prompting techniques, escorting a person who is walking, soft ties used solely to prevent a medically ill person from removing intravenous tubes, indwelling catheters, prosthetic devices or assistive technology that are designed and used to increase the person's adaptive skills.
Pica	When the individual places non-edible objects in their mouth, which could result in choking and/or swallowing. Common objects include paper clips, rocks, paper, string, and cloth.
Protocol	A document that describes how to reduce the risk through environmental changes, staff interactions and/or staff supports (without planned use of restrictive intervention to intervene in the person's behavior) .
Psychotropic medications	Any drug prescribed to improve or change mood, mental status or behavior.
Qualified Professional	A person, who is licensed, specializes or has expertise and practices in the specialty field that is referenced.
Restrictive intervention	An intervention which presents a significant risk of mental or physical harm to the person and, therefore, requires additional safeguards. Restrictive interventions include seclusion, physical restraint (including the use of protective devices for the purpose of or with the intent of controlling unacceptable behavior), isolation time out and any combination thereof.
Seclusion	Isolating a person in a separate locked room for the purpose of controlling the person's behavior.
Self-injurious behavior	Any behavior that presents an immediate risk of tissue damage to this person, or any behavior that, if continued, presents a significant risk of tissue damage to this person in the near future. Self-injurious behavior often refers to any behavior that can cause tissue damage, such as bruises, redness and open wounds. The most common forms of these behaviors include head banging, hand biting and excessive scratching or rubbing.
Unsafe social behavior	Behaviors that place others at risk of exploitation from this person or place this person at risk for victimization from others. Examples may include inappropriate sexual behavior.

SUPPORT PROTOCOL for

(Name of person)

RISK IDENTIFIED:

CALL 911:

- IF PERSON APPEARS GRAVELY ILL
 - YOU ARE CONCERNED ABOUT THEIR IMMEDIATE HEALTH AND SAFETY
 - Other
1. Start emergency procedures as trained.
 2. Notify ☐ Supervisor ☐ Support Coordinator ☐ Physician ☐ R.N.
☐ Other

After person is stable, document in medical record.

Brief Description of problem and contributing factors:

Preventive Measures:

Signs & Symptoms to Watch for:

Interventions if any signs & symptoms are observed (what to do if problem occurs):

Call: ☐ Supervisor ☐ R.N. ☐ Physician ☐ Other

If no response to call with _____ minutes, ☐ call
☐ take to

Completed By:

(Signature/title)

Date: